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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 (None) SCB

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 (None) SCB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/01/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Sarah B. He</i> SCB Examiner's Signature Initials	STATE OR COUNTRY NC	SHEETS DRAWING 10	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
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ADDRESS  
 22242  
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TITLE  
 Portable chair

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